		Effe	ctive Decer	mber :	29, 1999	_			09/41	74	50	
		CLAIMS	Column 1)			ımn 2)		SMALL TYPE	ENTITY	OR	OTHER SMALL	
FC	PR	NU	MBER FILED)	NUMBER	EXTRA		RATE	FEE		RATE	FEE
ВА	SIC FEE								345.00	OR		690.00
τo	TAL CLAIMS		12 minu	ıs 20=	٥		Γ	X\$ 9=		OR	X\$18=	
NC	EPENDENT CL	AIMS	7 min	us 3 =	•		t	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						ŀ	+130=	<u> </u>	OR	+260=	·	
* If the difference in column 1 is less than zero, ehter "0" in column 2							L	TOTAL	 	Į 1		690 W
	C	I AIMS A	S AMENDI	FD - F	PART II			IOIAL	<u> </u>	JOH	OTHER	
	· · · · · · · · · · · · · · · · · · ·	(Column	1)		Column 2)	(Column 3)		SMALL	ENTITY	OR		
ENTA		REMAININ AFTER AMENDME	NG .		HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
AMENDMENT	Total '	. 12	Minus		M	=	\perp	X\$ 9=		OR	X\$18=	
AME!	Independent	. 2	Minus		<u> </u>	=		X39=		OR	X78=	
_	FIRS PRESE	NTATION O	F MULTIPLE D	DEPEN	DE: T CLAIM		T	+130=		OR	+260=	
					•		L	TOTAL			TOTAL	
							A	DDIT. FEE	L	Jon,	ADDIT: FEE	
		(Column	41	11	Column 2)	(Column 3)				_	•	
_	ا دا ما	(Column	3	(Column 2)	(Column 3)	Г		ADDI-	- 	·	ADDI-
8 LN	11/24/01	CLAIMS REMAINII AFTER	S NG I		HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FFF		RATE	TIONA
DMENT B	Total	CLAIMS REMAINI	S NG I		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE X\$ 9=		OR	RATE X\$18=	ADDI- TIONA FEE
MENDMENT 8	Total Independent	CLAIMS REMAINII AFTER	S NG I ENT	. Ь	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		X\$ 9=	TIONAL	OR OR	X\$18=	TIONA
AMENDMENT 6	Independent	CLAIMS REMAINII AFTER AMENDMI	S NG I ENT Minus	· P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		X\$ 9= X39 <u>≤</u>	TIONAL	OR OR	X\$18= X78=	TIONAL
AMENDMENT B	Independent	CLAIMS REMAINII AFTER AMENDMI	Minus Minus	· P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		X\$ 9= X39= +130=	TIONAL FEE		X\$18= X78= +260=	TIONAL FEE
AMENDMENTO	Independent	CLAIMS REMAINII AFTER AMENDMI	Minus Minus	· P	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	A	X\$ 9= X39 <u>≤</u>	TIONAL FEE	OR OR	X\$18= X78=	TIONA FEE
AMENDMENT B	Independent	CLAIMS REMAININ AFTER AMENDME NTATION C	Minus Minus PF MULTIPLE (DEPEN	HIGHEST NUMBER PREVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA	Al	X\$ 9= X39= +130=	TIONAL FEE	OR OR	X\$18= X78= +260=	TIONA FEE
<u> </u>	Independent	CLAIMS REMAININ AFTER AMENDME	Minus Minus PF MULTIPLE [DEPEN	HIGHEST NUMBER PREVIOUSLY PAID FOR DENT CLAIN	PRESENT EXTRA	AI	X\$ 9= X39= +130=	TIONAL FEE	OR OR	X\$18= X78= +260=	ADDI- TIONA
<u>√</u> ن	Independent	CLAIMS REMAINII AFTER AMENDME NTATION C (Column CLAIMS REMAINII AFTER	Minus Minus PF MULTIPLE [DEPEN	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT	A	X\$ 9= X39= +130= • TOTAL DDIT. FEE	TIONAL FEE	OR OR OR	X\$18= X78= +260= TOTAL ADDIT. FEE	TIONA FEE
<u>√</u> ن	Independent FIRST PRESE	CLAIMS REMAINII AFTER AMENDME NTATION C (Column CLAIMS REMAINII AFTER	Minus Minus OF MULTIPLE (DEPEN ((HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM COlumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA	A	X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9=	TIONAL FEE	OR OR OR	X\$18= X78= +260= TOTAL ADDIT FEE RATE X\$18=	ADDI- TIONA
<u> </u>	Independent FIRST PRESE	CLAIMS REMAININ AFTER AMENDME COlumn CLAIMS REMAININ AFTER AMENDME	Minus Minus Minus PF MULTIPLE [11) S NG L ENT Minus Minus	DEPEN ((HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA =	AI	X\$ 9= X39= +130= TOTAL DOIT FEE	TIONAL FEE	OR OR OR	X\$18= X78= +260= TOTAL ADDIT FEE	ADDI- TIONA
AMENDMENT C AMENDMENT 8	Independent FIRST PRESE	CLAIMS REMAINII AFTER AMENDME (COlumn CLAIMS REMAINII AFTER AMENDME	Minus Minus Minus Minus F MULTIPLE I Minus Minus Minus F MULTIPLE I	DEPEN ((I)	HIGHEST NUMBER PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA = (Column 3) PRESENT EXTRA = =		X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9=	TIONAL FEE	OR OR OR	X\$18= X78= +260= TOTAL ADDIT FEE RATE X\$18=	ADDI- TIONA

Application or Docket Number